

## WILDLAND FIRE ENTRAPMENT/FATALITY INITIAL REPORT

Timely reporting of entrapments or fatalities is necessary for the rapid dissemination of accurate information to the fire management community. It will also allow fire safety and equipment specialists to quickly respond to these events as appropriate. This initial report does not replace agency reporting or investigative responsibilities, policies or procedures. Complete this report for fire-related entrapment and/or fatalities. Immediately notify the National Interagency Coordination Center (NICC) attn: Intelligence Coordinator. Submit this written report to the address given below within 24 hours. Submit even if some data will be missing.

NICC- National Interagency Fire Center  
3833 S. Development Avenue  
Boise, Idaho 83703-5354

Phone - (208) 387-5400  
FAX - (208) 387-5414

NICC Intelligence Section  
e-mail: idnic\_id@dms.nwgc.gov

### I. General Information

- A. Date \_\_\_\_\_
- B. Fire name and location \_\_\_\_\_
- C. Number of personnel \_\_\_\_\_
- D. Number of Injuries \_\_\_\_\_
- E. Number of fatalities \_\_\_\_\_

### II. Fire Related Information

- A. Fuel Model \_\_\_\_\_
- B. Temperature \_\_\_\_\_ RH \_\_\_\_\_ Wind \_\_\_\_\_ (mph)
- C. Topography \_\_\_\_\_ Slope \_\_\_\_\_ %
- D. Fire size at time of incident/accident \_\_\_\_\_ Acres \_\_\_\_\_
- E. Urban/wildland intermix ☐ Yes ☐ No
- F. Cause of Fire ☐ Natural ☐ Incendiary ☐ Accidental ☐ Unknown

### III. Entrapment

A situation where personnel are unexpectedly caught in a fire-behavior related, life threatening position where escape routes or safety zones are absent, inadequate or have been compromised. An entrapment may or may not include deployment of a fire shelter.

#### A. Entrapment information

1. Firefighter trapped ☐ with fire shelter ☐ without fire shelter
2. Burns/smoke injuries incurred while in fire shelter ☐ Yes ☐ No
3. Burns/smoke injuries incurred while escaping entrapment ☐ Yes ☐ No
4. Burns/smoke injuries incurred while fighting fire ☐ Yes ☐ No
5. Fire shelter performed satisfactorily ☐ Yes ☐ No
6. Fire shelter was available, but not used ☐ Yes ☐ No

**B. Personal Protective Equipment Used**

- |                         |  |                     |  |
|-------------------------|--|---------------------|--|
| 1. Fire Shelter         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Protective Shirt | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Protective Pants     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Hardhat          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Gloves               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Boots            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Face/Neck Protection | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Goggles          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**IV. Fatalities****A. Type of accident**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Aircraft                            | <input type="checkbox"/> 5. Vehicle    |
| <input type="checkbox"/> 2. Natural (lightning, drowning, etc.) | <input type="checkbox"/> 6. Smoke      |
| <input type="checkbox"/> 3. Medical (heart, stroke, heat, etc.) | <input type="checkbox"/> 7. Entrapment |
| <input type="checkbox"/> 4. Struck by falling object            | <input type="checkbox"/> 8. Other      |

**B. Where fatality(s) occurred**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Fire site     | <input type="checkbox"/> 3. In transit |
| <input type="checkbox"/> 2. Incident Base | <input type="checkbox"/> 4. Other      |

**C. Fatalities**

- |  |        |
|--|--------|
| 1. Name  | D.O.B. |
| Employment status <input type="checkbox"/> Career <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Other |        |
| 2. Name  | D.O.B. |
| Employment status <input type="checkbox"/> Career <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Other |        |
| 3. Name  | D.O.B. |
| Employment status <input type="checkbox"/> Career <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Other |        |
| 4. Name  | D.O.B. |
| Employment status <input type="checkbox"/> Career <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Other |        |

**Note: In the event of fatality(s) do not release name(s) until the next of kin are notified.**

**D. Employing agency****E. Unit name and address****F. Firefighting part of employee's job description** ☐ Yes ☐ No**G. Person in contact for additional information** Phone

Home unit address

**H. Brief description of accident**